

**Fill in this information to identify your case:**

Debtor 1 Nimeshkum S. Patel  
First Name Middle Name Last Name

Debtor 2 Shital M. Patel  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number 24-11166  
(If known)

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		Your assets Value of what you own
1. <i>Schedule A/B: Property</i> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....		\$ <u>907,000.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....		\$ <u>165,544.33</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....		\$ <u>1,072,544.33</u>

#### Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2. <i>Schedule D: Creditors Who Have Claims Secured by Property</i> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....		\$ <u>866,553.73</u>
3. <i>Schedule E/F: Creditors Who Have Unsecured Claims</i> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....		\$ <u>73,136.65</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....		+ \$ <u>1,802,757.46</u>
<b>Your total liabilities</b>		\$ <u>2,742,447.84</u>

#### Part 3: Summarize Your Income and Expenses

4. <i>Schedule I: Your Income</i> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....		\$ <u>19,547.72</u>
5. <i>Schedule J: Your Expenses</i> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....		\$ <u>17,484.55</u>

Debtor 1

Nimeshkum Patel &amp; Shital Patel

First Name

Middle Name

Last Name

Case number (if known) 24-11166

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ \_\_\_\_\_

**9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.****Total claim****From Part 4 on *Schedule E/F*, copy the following:**

- 9a. Domestic support obligations (Copy line 6a.) \$ \_\_\_\_\_
- 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ \_\_\_\_\_
- 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ \_\_\_\_\_
- 9d. Student loans. (Copy line 6f.) \$ \_\_\_\_\_
- 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ \_\_\_\_\_
- 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ \_\_\_\_\_
- 9g. **Total.** Add lines 9a through 9f. \$ \_\_\_\_\_

**Fill in this information to identify your case and this filing:**

Debtor 1 Nimeshkum S. Patel  
First Name Middle Name Last Name

Debtor 2 Shital M. Patel  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number 24-11166  
(if known)

☐ Check if this is an amended filing

Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2
- ☒ Yes. Where is the property?

1.1 1 Saw Mill Drive  
Street address, if available, or other description

Somerset NJ 08873  
City State ZIP Code

Somerset County  
County

**What is the property?** Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:**

\$907,000.00 (Value) - \$90,700.00 = \$816,300.00 - \$724,618.16 (Lien) = \$91,681.84 - \$55,800.00 (Exemption) = \$35,881.84 (Non-Exempt Equity)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property?	Current value of the portion you own?
\$ <u>907,000.00</u>	\$ <u>907,000.00</u>

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

Tenancy by the Entireties

☐ Check if this is community property

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....>

**\$907,000.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

Debtor 1

Nimeshkum S. Patel & Shital M. Patel  
First Name Middle Name Last Name

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Case number(if known) 24-11166

## 3.1 Make:Mercedes Benz

Model:\_\_\_\_\_

Year: 2018

Approximate mileage: 57,000.00

Other information:

Condition:Fair;

Who has an interest in the property? Check one

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims onSchedule D: Creditors Who Have Claims Secured by Property:

Current value of the entire property?

\$ 18,889.00

Current value of the portion you own?

\$ 18,889.00

## 3.2 Make:BMW

Model:X5

Year: 2021

Approximate mileage: 40,000.00

Other information:

Condition:Good;

Who has an interest in the property? Check one

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims onSchedule D: Creditors Who Have Claims Secured by Property:

Current value of the entire property?

\$ 33,649.00

Current value of the portion you own?

\$ 33,649.00

## 3.3 Make:Lexus

Model:GX 460

Year: 2010

Approximate mileage: 230,000.00

Other information:

Condition:Fair;

Who has an interest in the property? Check one

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims onSchedule D: Creditors Who Have Claims Secured by Property:

Current value of the entire property?

\$ 7,644.00

Current value of the portion you own?

\$ 7,644.00

## 3.4 Make:Mercedes Benz

Model:LIGHT GLS450W4

Year: 2020

Approximate mileage: 34,196

Other information:

Condition:

Who has an interest in the property? Check one

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims onSchedule D: Creditors Who Have Claims Secured by Property:

Current value of the entire property?

\$ 43,352.00

Current value of the portion you own?

\$ 43,352.00

## 3.5 Make:Harley Davison

Model:FXSB Breakout

Year: 2017

Approximate mileage: 694

Other information:

Condition:Good;

Who has an interest in the property? Check one

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims onSchedule D: Creditors Who Have Claims Secured by Property:

Current value of the entire property?

\$ 13,430.00

Current value of the portion you own?

\$ 13,430.00

## 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☐ No☒ Yes

## 4.1 Make:Harley Davison

Model:Nightster Special

Year: 2023

Other information:

Condition:Good;

Who has an interest in the property? Check one

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims onSchedule D: Creditors Who Have Claims Secured by Property:

Current value of the entire property?

\$ 17,590.00

Current value of the portion you own?

\$ 17,590.00

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....&gt;

\$ 134,554.00

## Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

**6. Household goods and furnishings**

Do not deduct secured claims or exemptions.

*Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe...

Household Goods

\$ 3,000.00

**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe...

Electronics

\$ 1,800.00

**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe...**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe...**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe...**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe...

Clothing

\$ 800.00

**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems gold, silver☐ No☒ Yes. Describe...

Jewelry

\$ 1,650.00

**13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe...**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information...**15. Add the dollar value of the portion you own for all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here.....**

\$ 7,250.00

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.



Nimeshkum S. Patel & Shital M. Patel

First NameMiddle NameLast Name

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
- ☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
- ☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

- ☒ No
- ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...

Federal: \$ 0.00

State: \$ 0.00

Local: \$ 0.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
- ☐ Yes. Give specific information....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
- ☐ Yes. Give specific information....

31. Interests in insurance policies

- ☐ No
- ☒ Yes. Name the insurance company of each policy and list its value....

Company name:	Beneficiary:	Surrender or refund value:
Life Insurance Policy MassMutual - 0331 (Whole)		\$ 7,653.22
Farmers Insurance - 0881 (Term)		\$ 0.00
American General Life Insurance Companies- 1613 (Term)		\$ 0.00
American General Life Insurance Companies -8212 (Term)		\$ 0.00
American General Life Insurance Companies -3661 (Term)		\$ 0.00
Life Insurance Policy MassMutual - 0336 (Whole)		\$ 6,903.24

32. Any interest in property that is due you from someone who has died

- ☒ No
- ☐ Yes. Give specific information....

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

- ☒ No
- ☐ Yes. Give specific information....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
- ☐ Yes. Give specific information....

35. Any financial assets you did not already list

- ☒ No
- ☐ Yes. Give specific information...

36. Add the dollar value of the portion you own for all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....>

\$ 23,740.33

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.  
☐ Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No  
☐ Yes. Give specific  
information...

54. Add the dollar value of all of your entries from Part 7. Write that number here &gt;

\$ 0.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2.....>			\$ 907,000.00
56. Part 2: Total vehicles, line 5	\$ 134,554.00		
57. Part 3: Total personal and household items, line 15	\$ 7,250.00		
58. Part 4: Total financial assets, line 36	\$ 23,740.33		
59. Part 5: Total business-related property, line 45	\$ 0.00		
60. Part 6: Total farm- and fishing-related property, line 52	\$ 0.00		
61. Part 7: Total other property not listed, line 54	+ \$ 0.00		
62. Total personal property. Add lines 56 through 61 .....	\$ 165,544.33	Copy personal property total>	+ \$ 165,544.33
63. Total of all property on Schedule A/B. Add line 55 + line 62			\$ 1,072,544.33



**Fill in this information to identify your case:**

Debtor 1	Nimeshkum S. Patel		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)	24-11166		

☐ Check if this is an amended filing

## Official Form 106C

**Schedule C: The Property You Claim as Exempt**

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt****1. Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

**2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Debtor 1 Exemptions	Copy the value from Schedule A/B	Check only one box for each exemption	
1 Saw Mill Drive			11 USC § 522(d)(1)
Brief description:	\$ 907,000.00	<input checked="" type="checkbox"/> \$ 27,900.00	
Line from Schedule A/B: 1.1		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
2017 Harley Davison FXSB Breakout			11 USC § 522(d)(2)
Brief description:	\$ 13,430.00	<input checked="" type="checkbox"/> \$ 4,450.00	
Line from Schedule A/B: 3.5		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Household Goods - Household Goods			11 USC § 522(d)(3)
Brief description:	\$ 3,000.00	<input checked="" type="checkbox"/> \$ 1,500.00	
Line from Schedule A/B: 6		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

**3. Are you claiming a homestead exemption of more than \$189,050?**

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Electronics - Electronics Brief description: Line from Schedule A/B: 7 Clothing - Clothing	\$ 1,800.00	<input checked="" type="checkbox"/> \$ 900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Jewelry - Jewelry Brief description: Line from Schedule A/B: 11	\$ 800.00	<input checked="" type="checkbox"/> \$ 400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Cash on Hand (Cash on Hand) Brief description: Line from Schedule A/B: 12	\$ 1,650.00	<input checked="" type="checkbox"/> \$ 825.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(4)
TD Bank-7829 (Checking Account) Brief description: Line from Schedule A/B: 16	\$ 50.00	<input checked="" type="checkbox"/> \$ 7.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
Capital One - 5905 (Checking Account) Brief description: Line from Schedule A/B: 17.1	\$ 1.00	<input checked="" type="checkbox"/> \$ 0.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
Truist-2004 (Checking Account) Brief description: Line from Schedule A/B: 17.2	\$ 50.71	<input checked="" type="checkbox"/> \$ 25.36 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
American General Life Insurance Companies - 1613 (Term) Brief description: Line from Schedule A/B: 17.3	\$ 1,068.08	<input checked="" type="checkbox"/> \$ 534.04 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
American General Life Insurance Companies - 8212 (Term) Brief description: Line from Schedule A/B: 31	\$ 0.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(7)
American General Life Insurance Companies - 3661 (Term) Brief description: Line from Schedule A/B: 31	\$ 0.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(7)
Life Insurance Policy MassMutual - 0336 (Whole) Brief description: Line from Schedule A/B: 31	\$ 0.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(7)
	\$ 6,903.24	<input checked="" type="checkbox"/> \$ 6,903.24 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(8)
	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

**Fill in this information to identify your case:**

Debtor 1	First Name	Middle Name	Last Name
Debtor 2	Shital M. Patel		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if known)	24-11166		

☐ Check if this is an amended filing

## Official Form 106C

**Schedule C: The Property You Claim as Exempt**

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt****1. Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

**2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Debtor 2 Exemptions	Copy the value from Schedule A/B	Check only one box for each exemption	
1 Saw Mill Drive			11 USC § 522(d)(1)
Brief description:	\$ 907,000.00	<input checked="" type="checkbox"/> \$ 27,900.00	
Line from Schedule A/B: 1.1		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
2010 Lexus GX 460			11 USC § 522(d)(2)
Brief description:	\$ 7,644.00	<input checked="" type="checkbox"/> \$ 4,450.00	
Line from Schedule A/B: 3.3		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Household Goods - Household Goods			11 USC § 522(d)(3)
Brief description:	\$ 3,000.00	<input checked="" type="checkbox"/> \$ 1,500.00	
Line from Schedule A/B: 6		<input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

**3. Are you claiming a homestead exemption of more than \$189,050?**

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Electronics - Electronics Brief description: Line from Schedule A/B: 7 Clothing - Clothing	\$ 1,800.00	<input checked="" type="checkbox"/> \$ 900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Brief description: Line from Schedule A/B: 11 Jewelry - Jewelry	\$ 800.00	<input checked="" type="checkbox"/> \$ 400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(3)
Brief description: Line from Schedule A/B: 12 Cash on Hand (Cash on Hand)	\$ 1,650.00	<input checked="" type="checkbox"/> \$ 825.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(4)
Brief description: Line from Schedule A/B: 16 TD Bank-7829 (Checking Account)	\$ 50.00	<input checked="" type="checkbox"/> \$ 7.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
Brief description: Line from Schedule A/B: 17.1 Capital One - 5905 (Checking Account)	\$ 1.00	<input checked="" type="checkbox"/> \$ 0.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
Brief description: Line from Schedule A/B: 17.2 Truist-2004 (Checking Account)	\$ 50.71	<input checked="" type="checkbox"/> \$ 25.36 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
Brief description: Line from Schedule A/B: 17.3 Lincoln Financial Group	\$ 1,068.08	<input checked="" type="checkbox"/> \$ 534.04 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(5)
Brief description: Line from Schedule A/B: 21 Life Insurance Policy MassMutual - 0331 (Whole)	\$ 8,014.08	<input checked="" type="checkbox"/> \$ 8,014.08 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(12)
Brief description: Line from Schedule A/B: 31 Farmers Insurance - 0881 (Term)	\$ 7,653.22	<input checked="" type="checkbox"/> \$ 7,653.22 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(8)
Brief description: Line from Schedule A/B: 31	\$ 0.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC § 522(d)(7)
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$	<input type="checkbox"/> \$ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

**Fill in this information to identify your case:**

Debtor 1 Nimeshkum S. Patel  
First Name Middle Name Last Name

Debtor 2 Shital M. Patel  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number (if know) 24-11166

☐ Check if this is an amended filing

**Official Form 106D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--------------------------------------

2.1	Describe the property that secures the claim:	\$ 45,486.40	\$ 33,649.00	\$ 11,837.40
Ally Financial Creditor's Name P. O Box 380902 Number Street Minneapolis MN 55438 City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	2021 BMW X5 - \$33,649.00  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ <b>Last 4 digits of account number</b> _____			

2.2

Describe the property that secures the claim: \$ 12,630.00 \$ 17,590.00 \$ 0.00

Harley Davidson

Creditor's Name

4150 Technology Wy

Number

Street  
Carson City NV 89706

City State ZIP Code

**Who owes the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim relates to a community debt**Date debt was incurred 04-27-2023

2023 Harley Davison Nightster Special - \$17,590.00

**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Nature of lien.** Check all that apply.☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number 7695

2.3

Describe the property that secures the claim: \$ 4,501.00 \$ 13,430.00 \$ 0.00

Harley Davidson

Creditor's Name

4150 Technology Way

Number

Street  
Carson City NV 89706

City State ZIP Code

**Who owes the debt?** Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim relates to a community debt**Date debt was incurred 04-29-2017

2017 Harley Davison FXSB Breakout - \$13,430.00

**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Nature of lien.** Check all that apply.☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number 9236

2.4

Describe the property that secures the claim: \$ 26,086.00 \$ 18,889.00 \$ 7,197.00

Mercedes-Benz Financial Services

Creditor's Name

Po Box 685

Number

Street  
Westlake TX 76262

City State ZIP Code

**Who owes the debt?** Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim relates to a community debt**Date debt was incurred 06-19-2021

2018 Mercedes Benz - \$18,889.00

**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Nature of lien.** Check all that apply.☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number 6001

2.5

Describe the property that secures the claim: \$ 444,653.00 \$ 907,000.00 \$ 0.00

Midland Mortgage

Creditor's Name

Pob 26648

Number

Street  
Oklahoma City OK 73126

City State ZIP Code

**Who owes the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debtDate debt was incurred 03-09-2015

1 Saw Mill Drive, Somerset, NJ 08873 - \$907,000.00

**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Nature of lien.** Check all that apply.☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number 5652

2.6

Describe the property that secures the claim: \$ 53,232.17 \$ 43,352.00 \$ 9,880.17

Ray Catena Motor Car Corporation

Creditor's Name

910 Route 1 North

Number

Street  
Edison NJ 08817

City State ZIP Code

**Who owes the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

2020 Mercedes Benz LIGHT GLS450W4 - \$43,352.00

**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Nature of lien.** Check all that apply.☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number

2.7

Describe the property that secures the claim: \$ 23,504.49 \$ 907,000.00 \$ 0.00

Saint Clare's Hospital

Creditor's Name

66 Ford Road

Number

Street  
Suite 201

Denville NJ 07834

City State ZIP Code

**Who owes the debt?** Check one.☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

1 Saw Mill Drive, Somerset, NJ 08873 - \$907,000.00

**As of the date you file, the claim is:** Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**Nature of lien.** Check all that apply.☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☒ Judgment lien from a lawsuit☐ Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number J-169045-21

<b>2.8</b>		Describe the property that secures the claim: \$ <u>102,726.71</u> \$ <u>907,000.00</u> \$ <u>0.00</u>
	Secretary of Housing and Urban Creditor's Name Development	<div style="border: 1px solid black; padding: 5px;">1 Saw Mill Drive, Somerset, NJ 08873 - \$907,000.00</div>
	451 Seventh Street Number Street Washington DC 20410 City State ZIP Code	<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____
	Date debt was incurred _____	<b>Last 4 digits of account number</b>

<b>2.9</b>		Describe the property that secures the claim: \$ <u>153,733.96</u> \$ <u>907,000.00</u> \$ <u>0.00</u>
	Woori America Bank Creditor's Name U.S. Small Business Administration	<div style="border: 1px solid black; padding: 5px;">1 Saw Mill Drive, Somerset, NJ 08873 - \$907,000.00</div>
	330 Fifth Avenue, 3rd Floor Number Street New York NY 10001 City State ZIP Code	<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____
	Date debt was incurred _____	<b>Last 4 digits of account number</b>

Add the dollar value of your entries in Column A on this page. Write that number here:	<b>\$ 866,553.73</b>
--	----------------------

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Celentano, Stadtmauer & Walentowicz, LLP Creditor's Name 1035 Route 46 East Number Street Suite 208 Clifton NJ 07015 City State ZIP Code	On which line in Part 1 did you enter the creditor? <u>2.7</u> Last 4 digits of account number <u>L-000233-21</u>
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**Fill in this information to identify your case:**

Debtor 1 Nimeshkum S. Patel  
First Name Middle Name Last Name

Debtor 2 Shital M. Patel  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number (if know) 24-11166

☐ Check if this is an amended filing

**Official Form 106E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims**

**1. Do any creditors have priority unsecured claims against you?**

- ☐ No. Go to Part 2.
- ☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Internal Revenue Service

Priority Creditor's Name

PO Box 7346

Number Street  
Philadelphia PA 19101

City State ZIP Code

**Who owes the debt?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim relates to a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**Last 4 digits of account number**

**When was the debt incurred?** 2020 - 2023

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of PRIORITY unsecured claim:**

- ☐ Domestic support obligations
- ☒ Taxes and certain other debts you owe the government
- ☐ Claims for death or personal injury while you were intoxicated
- ☐ Other. Specify

Total claim	Priority amount	Nonpriority amount
\$ <u>70,262.65</u>	\$ <u>70,262.65</u>	\$ <u>0.00</u>

2.2

NYS Dept. Taxation & Finance

Priority Creditor's Name

Bankruptcy/Special Procedures Section

Number Street

P.O. Box 5300

Albany NY 12205

City State ZIP Code

Who owes the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$ 0.00

\$ 0.00

\$ 0.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

☒ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify

Part 1:

Your PRIORITY Unsecured Claims — Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority amount

Nonpriority amount

2.3

PA Department of Revenue  
Priority Creditor's Name  
Po Box 280403  
Number Street  
Harrisburg PA 17128  
City State ZIP Code  
Who owes the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

\$ 0.00

\$ 0.00

\$ 0.00

2.4

State of New Jersey, Division of Taxation  
Priority Creditor's Name  
Compliance and Enforcement - Bankruptcy Unit  
Number Street  
3 John Fitch Way, 5th Floor, Po box 245  
Trenton NJ 08695  
City State ZIP Code  
Who owes the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt  
Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
Type of PRIORITY unsecured claim:  
☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

\$ 2,874.00

\$ 2,874.00

\$ 0.00

Part 2:

List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?  
☐ No. You have nothing else to report in this part. Submit to the court with your other schedules.  
☒ Yes. Fill in all of the information below.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

page 3 of 21

4.1	<p>Affirm Inc</p> <p>Nonpriority Creditor's Name</p> <p>633 Folsom St Fl 7</p> <p>Number Street San Francisco CA 94107</p> <p>City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 17YN</p> <p><b>When was the debt incurred?</b> 05-04-2023</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p> <p style="text-align: right;"><b>\$ 59.00</b></p>
4.2	<p>Affirm Inc</p> <p>Nonpriority Creditor's Name</p> <p>633 Folsom St Fl 7</p> <p>Number Street San Francisco CA 94107</p> <p>City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> JVJ4</p> <p><b>When was the debt incurred?</b> 08-04-2023</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p> <p style="text-align: right;"><b>\$ 118.00</b></p>
4.3	<p>Affirm Inc</p> <p>Nonpriority Creditor's Name</p> <p>633 Folsom St Fl 7</p> <p>Number Street San Francisco CA 94107</p> <p>City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> BV7K</p> <p><b>When was the debt incurred?</b> 05-04-2023</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p> <p style="text-align: right;"><b>\$ 368.00</b></p>

<b>4.4</b>	<b>Alliance One Receivables Managment, Inc.</b> Nonpriority Creditor's Name  3043 Wallon Road Number Street Suite 201  Plymouth Meeting PA 19462 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 8914 <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ <u>66.00</u>
<b>4.5</b>	<b>ARM Solutions, Inc.</b> Nonpriority Creditor's Name  P.O. Box 2929 Number Street Camarillo CA 93011 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 1917 <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ <u>168.47</u>
<b>4.6</b>	<b>Brunswick Urgent Care, PA</b> Nonpriority Creditor's Name  3185 State Route 27 Number Street Franklin Park NJ 08823 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 0053 <b>When was the debt incurred?</b> _____  <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ <u>125.00</u>

4.7	<p>Cap One, N.A.</p> <p>Nonpriority Creditor's Name</p> <p>11013 W Broad St</p> <p>Number Street Glen Allen VA 23060</p> <p>City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 5452</p> <p><b>When was the debt incurred?</b> 04-02-2004</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 3,174.00
4.8	<p>Chase, N.A.</p> <p>Nonpriority Creditor's Name</p> <p>PO Box 15548</p> <p>Number Street Wilmington DE 19886</p> <p>City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> 9471</p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify</p>	\$ 7,943.70
4.9	<p>CM Ventures Holdings LLC</p> <p>Nonpriority Creditor's Name</p> <p>630 First Avenue</p> <p>Number Street 29H</p> <p>New York NY 10016</p> <p>City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim relates to a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b></p> <p><b>When was the debt incurred?</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Personal Guarantee</p>	\$ 540,114.41

4.10	<b>Collection Bureau Of America, N.A.</b> Nonpriority Creditor's Name 25954 Eden Landing Rd Number Street Hayward CA 94545 City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 2577 <b>When was the debt incurred?</b> 12-13-2019 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency	\$ 528.00
4.11	<b>Credit Control, LLC</b> Nonpriority Creditor's Name POBox 31179 Number Street Tampa FL 33631 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 6080 <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 472.56
4.12	<b>Discover Bank</b> Nonpriority Creditor's Name Po Box 15316 Number Street Wilmington DE 19850 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 3334 <b>When was the debt incurred?</b> 05-03-2016 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$ 10,886.00

4.13	<div>Discover Bank</div> <div>Nonpriority Creditor's Name</div> <div>Po Box 15316</div> <div>Number Street</div> <div>Wilmington DE 19850</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 6789</div> <div>When was the debt incurred? 05-26-2016</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify Credit Card Debt</div>	\$ 2,935.00
4.14	<div>Edison Metuchen Orthopedic Group, PA</div> <div>Nonpriority Creditor's Name</div> <div>10 Parsonage Road</div> <div>Number Street</div> <div>Suite 500</div> <div>Edison NJ 08837</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 7802</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify</div>	\$ 125.70
4.15	<div>Financial Recoveries</div> <div>Nonpriority Creditor's Name</div> <div>PO Hox 1388</div> <div>Number Street</div> <div>Mount Laurel NJ 08054</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 2669</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify</div>	\$ 32.00



4.16	<b>Financial Services, Inc.</b> Nonpriority Creditor's Name <b>Pob 3415</b> Number Street Portland OR 97208 City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 5001 <b>When was the debt incurred?</b> 02-02-2023 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Deficiency Balance	\$ <u>143,277.00</u>
4.17	<b>Gigna Patel</b> Nonpriority Creditor's Name <b>21 Eagle Drive</b> Number Street Towaco NJ 07082 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Guarantee	\$ <u>85,000.00</u>
4.18	<b>Greenix</b> Nonpriority Creditor's Name <b>P.O Box 734929</b> Number Street Chicago IL 60673 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 1917 <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ <u>168.47</u>

4.19	<b>Hackensack Meridiam Health</b> Nonpriority Creditor's Name 343 Thornall Street Number Street Edison NJ 08817 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 3243 <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 307.50
4.20	<b>Hackensack Meridiam Health</b> Nonpriority Creditor's Name PO Box 95000-7705 Number Street Philadelphia PA 19195 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 6840 <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 450.00
4.21	<b>I.C. System, Inc</b> Nonpriority Creditor's Name Po Box 64378 Number Street Saint Paul MN 55164 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 9299 <b>When was the debt incurred?</b> 08-10-2023 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency	\$ 2,291.00

4.22	<b>Jersey Central Power &amp; Light</b> Nonpriority Creditor's Name 300 Madison Avenue Number Street Morristown NJ 07960 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 8150 <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ <u>89.24</u>
4.23	<b>JP Morgan Chase</b> Nonpriority Creditor's Name 301 N Walnut St, Floor 09 Number Street Wilmington DE 19801 City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 2022 <b>When was the debt incurred?</b> <u>12-13-2016</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency	\$ <u>7,943.00</u>
4.24	<b>JP Morgan Chase</b> Nonpriority Creditor's Name 201 N Walnut St Number Street Wilmington DE 19801 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 4272 <b>When was the debt incurred?</b> <u>05-28-2016</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$ <u>2,530.00</u>

4.25	<b>JP Morgan Chase</b> Nonpriority Creditor's Name 201 N Walnut St Number Street Wilmington DE 19801 City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 2732 <b>When was the debt incurred?</b> 12-13-2016 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 7,400.00
4.26	<b>Kamal Patel</b> Nonpriority Creditor's Name 8 Jona Road Number Street Somerset NJ 08873 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Guarantee	\$ 400,000.00
4.27	<b>Kunal Patel</b> Nonpriority Creditor's Name 3036 Magdalene Drive Number Street Chalfont PA 18914 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Guarantee	\$ 50,000.00

<b>4.28</b>	<b>Laboratory Corporation of America</b> Nonpriority Creditor's Name P.O Box 2240 Number Street Burlington NC 27216 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 0366 <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ <u>900.00</u>
<b>4.29</b>	<b>Linebarger Goggan Blair &amp; Sampson, LLP</b> Nonpriority Creditor's Name 61 Broadway Number Street Suite 2600 New York NY 1006 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 2661 <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ <u>212.20</u>
<b>4.30</b>	<b>MEGHA</b> Nonpriority Creditor's Name 1136 Cedar Avenue Number Street Croydon PA 19021 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Guarantee	\$ <u>0.00</u>

4.31	<b>Mercedes Benz Financial</b> Nonpriority Creditor's Name <b>Po Box 685</b> Number Street <b>Westlake TX 76262</b> City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 1001 <b>When was the debt incurred?</b> 02-04-2023 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Deficiency Balance	\$ 146,873.00
4.32	<b>M. Farrukh Nizan, MD, LLC.</b> Nonpriority Creditor's Name <b>98 James Street</b> Number Street <b>Suite 301</b> <b>Edison NJ 08820</b> City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 1656 <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 683.07
4.33	<b>Midland Credit Managment</b> Nonpriority Creditor's Name <b>320 E Big Beaver Road</b> Number Street <b>Suite 300</b> <b>Troy MI 48083</b> City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 6764 <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 417.34

4.34	<b>National Convenience Distributors</b> Nonpriority Creditor's Name <b>21 banfi Plaza</b> Number Street <b>Farmingdale NY 11735</b> City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Guarantee	\$ 0.00
4.35	<b>Parin Shah</b> Nonpriority Creditor's Name <b>83 Ellmyer Road</b> Number Street <b>Edison NJ 08820</b> City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Guarantee	\$ 50,000.00
4.36	<b>Professional Account Managment, LLC.</b> Nonpriority Creditor's Name <b>P.O Box 1153</b> Number Street <b>Milwaukee WI 53201</b> City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 8521 <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 28.90

<b>4.37</b>	<b>Radius Global Solutions, LLC.</b> Nonpriority Creditor's Name 7831 Glenroy Road Number Street Sulte 250-A Minneapolis MN 55439 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 1748 <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	<b>\$ 134.38</b>
<b>4.38</b>	<b>Rajandra Patel</b> Nonpriority Creditor's Name Fitzgerald Place Number Street Old Bridge NJ 08857 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Guarantee	<b>\$ 59,000.00</b>
<b>4.39</b>	<b>Receivable Collection</b> Nonpriority Creditor's Name 170 Jericho Tpke Number Street Floral Park NY 11001 City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 6561 <b>When was the debt incurred?</b> 09-30-2018 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency	<b>\$ 640.00</b>



4.40	<b>Receivable Collection</b> Nonpriority Creditor's Name 170 Jericho Tpke Number Street Floral Park NY 11001 City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 7641 <b>When was the debt incurred?</b> 11-30-2020 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency	\$ 815.00
4.41	<b>Receivable Collection</b> Nonpriority Creditor's Name 170 Jericho Tpke Number Street Floral Park NY 11001 City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 6562 <b>When was the debt incurred?</b> 10-31-2018 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency	\$ 1,311.00
4.42	<b>Receivable Collection</b> Nonpriority Creditor's Name 170 Jericho Tpke Number Street Floral Park NY 11001 City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 6563 <b>When was the debt incurred?</b> 11-30-2018 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collection Agency	\$ 525.00

4.43	<div>Receivable Collection</div> <div>Nonpriority Creditor's Name</div> <div>170 Jericho Tpke</div> <div>Number Street</div> <div>Floral Park NY 11001</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 7642</div> <div>When was the debt incurred? 12-31-2020</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify Collection Agency</div>	\$ 576.00
4.44	<div>Receivable Collection</div> <div>Nonpriority Creditor's Name</div> <div>170 Jericho Tpke</div> <div>Number Street</div> <div>Floral Park NY 11001</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input checked="" type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 6566</div> <div>When was the debt incurred? 10-30-2020</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify Collection Agency</div>	\$ 631.00
4.45	<div>Receivable Collection Services, LLC.</div> <div>Nonpriority Creditor's Name</div> <div>170 Jericho Turnpike</div> <div>Number Street</div> <div>Suite 204</div> <div>Floral Park NY 11001</div> <div>City State ZIP Code</div> <div>Who owes the debt? Check one.</div> <div><input type="checkbox"/> Debtor 1 only</div> <div><input type="checkbox"/> Debtor 2 only</div> <div><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</div> <div><input type="checkbox"/> At least one of the debtors and another</div> <div><input type="checkbox"/> Check if this claim relates to a community debt</div> <div>Is the claim subject to offset?</div> <div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes</div>	<div>Last 4 digits of account number 9901</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply.</div> <div><input type="checkbox"/> Contingent</div> <div><input type="checkbox"/> Unliquidated</div> <div><input type="checkbox"/> Disputed</div> <div>Type of NONPRIORITY unsecured claim:</div> <div><input type="checkbox"/> Student loans</div> <div><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</div> <div><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</div> <div><input checked="" type="checkbox"/> Other. Specify</div>	\$ 355.52

4.46	<b>Resnick Distributors</b> Nonpriority Creditor's Name 25 Van Dyka Avenue Number Street New Brunswick NJ 08901 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Guarantee	\$ 0.00
4.47	<b>RobertWood Johnson University Hospital New</b> Nonpriority Creditor's Name Brunswick P.O. Box 64437 Number Street Saint Paul MN 55164 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 5047 <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	\$ 10,701.00
4.48	<b>Srinivas Devarkonda</b> Nonpriority Creditor's Name 301 Willow Way Number Street Chester Springs PA 19425 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Guarantee	\$ 250,000.00

4.49	<b>TAJ Distributions</b> Nonpriority Creditor's Name 651 Winks Lane Number Street Bensalem PA 19020 City State ZIP Code <b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Guarantee	\$ 0.00
4.50	<b>TD Bank, N.A.</b> Nonpriority Creditor's Name Po Box 1448 Number Street Greenville SC 29602 City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 3496 <b>When was the debt incurred?</b> 07-26-2017 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$ 8,931.00
4.51	<b>The Home Depot</b> Nonpriority Creditor's Name Po Box 9714 Number Street Gray TN 37615 City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim relates to a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> 6209 <b>When was the debt incurred?</b> 05-28-2011 <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	\$ 3,451.00

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Archer & Greiner, P.C.  
Creditor's Name  
1211 Avenue of the Americas  
Number Street  
Suite 2750  
New York NY 10036  
City State ZIP Code

**On which entry in Part 1 or Part 2 did you list the original creditor?**

**Line** 4.9 **of (Check one):** ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured

**Last 4 digits of account number** 2023

<div>Archer &amp; Greiner, P.C. Creditor's Name 21 Main Street Number Street Suite 353 Hackensack NJ 07601 City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.9 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2023</div>
<div>Receivable Collection Creditor's Name 170 Jericho Tpke Number Street Floral Park NY 11001 City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.42 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 6564</div>
<div>Receivable Collection Creditor's Name 170 Jericho Tpke Number Street Floral Park NY 11001 City State ZIP Code</div>	<div>On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.42 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 6565</div>

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 73,136.65
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
	6e. Total. Add lines 6a through 6d.	6e. \$ 73,136.65
		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 1,802,757.46
	6j. Total. Add lines 6f through 6i.	6j. \$ 1,802,757.46

Fill in this information to identify your case:			
Debtor 1	Nimeshkum S. Patel		
	First Name	Middle Name	Last Name
Debtor 2	Shital M. Patel		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey			
Case number (if know)	24-11166		

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease	State what the contract or lease is for

Fill in this information to identify your case:

Debtor 1 Nimeshkum S. Patel  
First Name Middle Name Last Name

Debtor 2 Shital M. Patel  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number 24-11166  
(if know)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No  
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt  
Check all schedules that apply:

3.1	<u>Npatel Cigar &amp; Tobacco LLC</u> Name <u>50 Hulmeville Avenue</u> Street <u>Langhorne</u> PA <u>19047</u> City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.48</u> <input type="checkbox"/> Schedule G, line ____
3.2	<u>Npatel Cigar &amp; Tobacco LLC</u> Name <u>50 Hulmeville Avenue</u> Street <u>Langhorne</u> PA <u>19047</u> City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.27</u> <input type="checkbox"/> Schedule G, line ____
3.3	<u>Npatel Cigar &amp; Tobacco LLC</u> Name <u>50 Hulmeville Avenue</u> Street <u>Langhorne</u> PA <u>19047</u> City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.35</u> <input type="checkbox"/> Schedule G, line ____
3.4	<u>Npatel Cigar &amp; Tobacco LLC</u> Name <u>50 Hulmeville Avenue</u> Street <u>Langhorne</u> PA <u>19047</u> City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.46</u> <input type="checkbox"/> Schedule G, line ____

3.5	Npatel Cigar & Tobacco LLC Name 50 Hulmeville Avenue Street Langhorne PA 19047 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.49</u> <input type="checkbox"/> Schedule G, line ____
3.6	Npatel Cigar & Tobacco LLC Name 50 Hulmeville Avenue Street Langhorne PA 19047 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.34</u> <input type="checkbox"/> Schedule G, line ____
3.7	Npatel Cigar & Tobacco LLC Name 50 Hulmeville Avenue Street Langhorne PA 19047 City State ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <u>2.9</u> <input type="checkbox"/> Schedule E/F, line ____ <input type="checkbox"/> Schedule G, line ____
3.8	Premium Beverages Distributors, LLC Name 24 Hulmeville Avenue Unit C Street Penndel PA 19047 City State ZIP Code	<input checked="" type="checkbox"/> Schedule D, line <u>2.9</u> <input type="checkbox"/> Schedule E/F, line ____ <input type="checkbox"/> Schedule G, line ____
3.9	Npatel Cigar & Tobacco LLC Name 50 Hulmeville Avenue Street Langhorne PA 19047 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.38</u> <input type="checkbox"/> Schedule G, line ____
3.10	Npatel Cigar & Tobacco LLC Name 50 Hulmeville Avenue Street Langhorne PA 19047 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.26</u> <input type="checkbox"/> Schedule G, line ____
3.11	Npatel Cigar & Tobacco LLC Name 50 Hulmeville Avenue Street Langhorne PA 19047 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.9</u> <input type="checkbox"/> Schedule G, line ____
3.12	Npatel Cigar & Tobacco LLC Name 50 Hulmeville Avenue Street Langhorne PA 19047 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.50</u> <input type="checkbox"/> Schedule G, line ____
3.13	Npatel Cigar & Tobacco LLC Name 50 Hulmeville Avenue Street Langhorne PA 19047 City State ZIP Code	<input type="checkbox"/> Schedule D, line ____ <input checked="" type="checkbox"/> Schedule E/F, line <u>4.17</u> <input type="checkbox"/> Schedule G, line ____



3.14

Npatel Cigar & Tobacco LLC

Name

50 Hulmeville Avenue

Street

Langhorne

PA

19047

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_

☒ Schedule E/F, line 4.30

☐ Schedule G, line \_\_\_\_

**Fill in this information to identify your case:**

Debtor 1 Nimeshkum S. Patel  
First Name Middle Name Last Name

Debtor 2 Shital M. Patel  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number 24-11166  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

# Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

#### Employment status

- ☒ Employed  
☐ Not employed

- ☒ Employed  
☐ Not employed

#### Occupation

NPatel Cigar Tobacco, LLC

Dream Decor, LLC

#### Employer's name

#### Employer's address

50 Hulmeville, Avenue  
Number Street

1 Saw Mill Drive  
Number Street

Penndel, PA 19047  
City State ZIP Code

Somerset, NJ 08873  
City State ZIP Code

#### How long employed there?

## Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

	For Debtor 1	For Debtor 2 or non-filing spouse
2.	\$ <u>0.00</u>	\$ <u>0.00</u>
3.	+ \$ <u>0.00</u>	+ \$ <u>0.00</u>
4.	\$ <u>0.00</u>	\$ <u>0.00</u>

3. **Estimate and list monthly overtime pay.**

4. **Calculate gross income.** Add line 2 + line 3.

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here.....→ 4.	\$ 0.00	\$ 0.00	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 0.00	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 0.00	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: _____	5h. + \$ 0.00	+ \$ 0.00	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
_____	\$ _____	\$ _____	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6. \$ 0.00	\$ 0.00	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 0.00	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 17,921.29	\$ 1,626.43	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 0.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify: _____	8h. + \$ 0.00	+ \$ 0.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9. \$ 17,921.29	\$ 1,626.43	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 17,921.29 +	\$ 1,626.43 = \$ 19,547.72	
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			11. + \$ _____
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies			12. \$ 19,547.72 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:			

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

**Continuation Sheet for Official Form 106I**

## 1. Describe Employment:

Debtor: Nimeshkum S. Patel

Occupation:

Name of Employer: Premium Beverages Distributors, LLC.

Employer's Address: 50 Hulmeville Avenue Unit C, Penndel, PA 19047

Length of Employment:

-----

Debtor: Nimeshkum S. Patel

Occupation:

Name of Employer: Garden District, INC.

Employer's Address: 1 Saw Mill Road, Somerset, NJ 08873

Length of Employment:

-----

**Fill in this information to identify your case:**

Debtor 1 Nimeshkum S. Patel  
First Name Middle Name Last Name

Debtor 2 Shital M. Patel  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey  
(State)

Case number 24-11166  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☒ Yes. Fill out this information for each dependent.....

**Dependent's relationship to Debtor 1 or Debtor 2**

**Dependent's age**

**Does dependent live with you?**

Daughter

20

☐ No  
☒ Yes

Son

17

☐ No  
☒ Yes

☐ No  
☐ Yes

☐ No  
☐ Yes

☐ No  
☐ Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

☒ No

☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

**4. The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

**Your expenses**

4. \$ 4,131.38

**If not included in line 4:**

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 233.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1

Nimeshkum S. Patel & Shital M. Patel  
First Name Middle Name Last Name

Case number (if known) 24-11166

	<b>Your expenses</b>
5. <b>Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <u>4,858.77</u>
6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>650.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>88.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>425.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>850.00</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>225.00</u>
10. <b>Personal care products and services</b>	10. \$ <u>100.00</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>300.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>0.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>200.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>1,243.33</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>936.84</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>674.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>885.00</u>
17c. Other. Specify: <u>2017 Harley Davison FXSB Breakout</u>	17c. \$ <u>324.00</u>
17d. Other. Specify: <u>Additional Car Payments</u>	17d. \$ <u>1,360.23</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1 Nimeshkum S. Patel  
First Name Middle Name Last Name

Case number (if known) 24-11166

21. **Other.** Specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. +\$ 0.00  
 +\$ \_\_\_\_\_  
 +\$ \_\_\_\_\_

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 17,484.55

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$ \_\_\_\_\_

22c. \$ 17,484.55

**23. Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 19,547.72

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 17,484.55

23c. Subtract your monthly expenses from your monthly income.  
 The result is your *monthly net income*.

23c. \$ 2,063.17

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 Nimeshkum S. Patel  
First Name Middle Name Last Name

Debtor 2 Shital M. Patel  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of New Jersey

Case number 24-11166  
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Nimeshkum S. Patel

Signature of Debtor 1

**X** /s/ Shital M. Patel

Signature of Debtor 2

Date 03/04/2024  
MM / DD / YYYY

Date 03/04/2024  
MM / DD / YYYY



Fill in this information to identify your case:

Debtor 1 Nimeshkum S. Patel  
First Name Middle Name Last Name

Debtor 2 Shital M. Patel  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number 24-11166  
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married  
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H)

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply	Sources of income Check all that apply
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>19,536.92</u> <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>9,758.59</u> <input checked="" type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, <u>2023</u> )	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>466,754.74</u> <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>123,264.78</u> <input checked="" type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2022</u> )	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>399,155.00</u> <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips \$ <u>178,810.00</u> <input checked="" type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☒ No☐ Yes. Fill in the details.

### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**  
During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?** *Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No.

☐ Yes. List all payments to an insider.

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No.

☐ Yes. List all payments that benefited an insider.

## Part 4: Identify Legal Actions, Repossessions, and Foreclosures

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No☒ Yes. Fill in the details.

### Nature of the case

Court or agency

### Status of the case

Case title:  
Saint Clares Hospital Vs Patel  
Shital

---

Case number: L - 000233- 21

Debt Collection Matters; Date  
filed: 02/03/2021

Superior Court of New Jersey - Morris County

Court Name

56 Washington Street

Number	Street	
Morristown NJ		07960

City                      State      ZIP Code

☒ Pending☐ On appeal

☐ Concluded

Debtor

Nimeshkum S. Patel & Shital M. Patel  
First Name Middle Name Last Name

Document Page 51 of 78

Case number(if known) 24-11166

Case title:  
CM Ventures Holdings LLC vs.  
NPatel Cigar & Tobacco LLC et  
al  
Case number: 655075/2023

Comm-Contract; Date filed:  
10/17/2023

New York County Supreme Court  
Court Name

60 Centre Street

Number Street  
New York NY 10007

City State ZIP Code

☐ Pending  
☐ On appeal  
☒ Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No  
☐ Yes. Fill in the details

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No  
☐ Yes

**Part 5: List Certain Gifts and Contributions**

**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- ☒ No  
☐ Yes. Fill in the details for each gift.

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

**Part 6: List Certain Losses**

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

- ☒ No  
☐ Yes. Fill in the details.

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Debtor

Nimeshkum S. Patel & Shital M. Patel  
First Name Middle Name Last Name

Document Page 52 of 78

Case number(if known) 24-11166

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Legal Fee  Scura, Wigfield, Heyer, Stevens & Person Who Was Paid Cammarota, LLP  1599 Hamburg turnpike Number Street Wayne NJ 07470  City State ZIP Code pevangelista@scura.com  Email or website address Debtor  Person Who Made the Payment, if Not You	11/06/2023	\$ 3,500.00 \$ _____

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called asset-protection devices.)

- ☒ No  
☐ Yes. Fill in the details.

#### Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

- ☒ No  
☐ Yes. Fill in the details.

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

- ☒ No  
☐ Yes. Fill in the details.

#### Part 9: Identify Property You Hold or Control for Someone Else

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- ☒ No  
☐ Yes. Fill in the details.

#### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

Debtor

Nimeshkum S. Patel & Shital M. Patel  
First Name Middle Name Last Name

Document Page 53 of 78

Case number(if known) 24-11166

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation  
☐ No. None of the above applies. Go to Part 12.  
☒ Yes. Check all that apply above and fill in the details below for each business.

NPatel Cigar Tobacco, LLC

Business Name

50 Hulmeville Avenue

Number Street  
Langhorne PA 19047

City State ZIP Code

Describe the nature of the business

Name of accountant or bookkeeper

ABC Accounting &amp; Tax Services

Employer Identification number  
Do not include Social Security number or ITIN.

EIN: 4 6 - 1 8 8 4 7 4 1

Dates business existed

From 08/15/2013 To Current

Premium Beverages Distributors, LLC

Business Name

24 Hulmeville Avenue

Number Street  
Unit C

Langhorne PA 19047

City State ZIP Code

Describe the nature of the business

Name of accountant or bookkeeper

ABC Accounting &amp; Tax Services

Employer Identification number  
Do not include Social Security number or ITIN.

EIN: 4 7 - 3 6 7 2 9 5 8

Dates business existed

From 04/09/2015 To Current

Dreams Decor, LLC

Business Name

1 Saw Mill Road

Number Street  
Somerset NJ 08873

City State ZIP Code

Describe the nature of the business

Online Retail

Name of accountant or bookkeeper

ABC Accounting &amp; Tax Services

Employer Identification number  
Do not include Social Security number or ITIN.

EIN: 8 5 - 4 0 0 4 5 6 3

Dates business existed

From 11/23/2020 To Current

Debtor

Nimeshkum S. Patel & Shital M. Patel  
First Name Middle Name Last Name

Document Page 54 of 78

Case number(if known) 24-11166

Garden District, Inc. Business Name 301 Amboy Avenue Number Street Woodbridge NJ 07095 City State ZIP Code	<b>Describe the nature of the business</b> Sell of Tobacco, Candy, Sodas & General Merchandise Wholesale	<b>Employer Identification number</b> <b>Do not include Social Security number or ITIN.</b>
	<b>Name of accountant or bookkeeper</b> ABC Accounting & Tax Services	<b>EIN:</b> 4 5 - 0 7 1 8 6 6 1 <b>Dates business existed</b> From 10/22/2021 To Current

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✕ /s/ Nimeshkum S. Patel

Signature of Debtor 1

✕ /s/ Shital M. Patel

Signature of Debtor 2

Date 03/04/2024Date 03/04/2024

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

## Fill in this information to identify your case:

Debtor 1 Nimeshkum S. Patel  
First Name Middle Name Last Name

Debtor 2 Shital M. Patel  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number 24-11166  
(If known)

## Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

## Official Form 122C-1

## Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

## Part 1: Calculate Your Average Monthly Income

## 1. What is your marital and filing status? Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married.** Fill out both Columns A and B, lines 2-11.


**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse																
2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	\$ 0.00	\$ 0.00																
3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse.	\$ 0.00	\$ 0.00																
4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00																
5. <b>Net income from operating a business, profession, or farm</b>	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$7,921.29 \$1,626.43</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>— \$ 0.00 — \$ 0.00</td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td>\$7,921.29 \$1,626.43</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$7,921.29 \$1,626.43	Ordinary and necessary operating expenses	— \$ 0.00 — \$ 0.00	Net monthly income from a business, profession, or farm	\$7,921.29 \$1,626.43	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ 0.00 \$ 0.00</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>— \$ 0.00 — \$ 0.00</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$ 0.00 \$ 0.00</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ 0.00 \$ 0.00	Ordinary and necessary operating expenses	— \$ 0.00 — \$ 0.00	Net monthly income from rental or other real property	\$ 0.00 \$ 0.00
Debtor 1	Debtor 2																	
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	Copy here → \$ 17,921.29	Copy here → \$ 1,626.43																
6. <b>Net income from rental and other real property</b>	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ 0.00 \$ 0.00</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>— \$ 0.00 — \$ 0.00</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$ 0.00 \$ 0.00</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ 0.00 \$ 0.00	Ordinary and necessary operating expenses	— \$ 0.00 — \$ 0.00	Net monthly income from rental or other real property	\$ 0.00 \$ 0.00	<table border="1"> <thead> <tr> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td>\$ 0.00 \$ 0.00</td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>— \$ 0.00 — \$ 0.00</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td>\$ 0.00 \$ 0.00</td> </tr> </tbody> </table>	Debtor 1	Debtor 2	Gross receipts (before all deductions)	\$ 0.00 \$ 0.00	Ordinary and necessary operating expenses	— \$ 0.00 — \$ 0.00	Net monthly income from rental or other real property	\$ 0.00 \$ 0.00
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	Copy here → \$ 0.00	Copy here → \$ 0.00																



Debtor 1 Nimeshkum S. Patel & Shital M. Patel  
First Name Middle Name Last Name

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Case number (if known) 24-11166Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse7. **Interest, dividends, and royalties**\$ 0.00\$ 0.008. **Unemployment compensation**\$ 0.00\$ 0.00Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you ..... \$ 0.00For your spouse ..... \$ 0.00

9. **Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ 0.00\$ 0.00

10. **Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ 0.00\$ 0.00\$ 0.00\$ 0.00

Total amounts from separate pages, if any.

+ \$ 0.00+ \$ 0.00

11. **Calculate your total average monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 17,921.29+ \$ 1,626.43= \$ 19,547.72Total average  
monthly income**Part 2: Determine How to Measure Your Deductions from Income**

12. **Copy your total average monthly income from line 11.** ..... \$ 19,547.72

13. **Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 below.

☒ You are married and your spouse is filing with you. Fill in 0 below.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

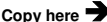
Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

..... \$ \_\_\_\_\_

..... \$ \_\_\_\_\_

..... + \$ \_\_\_\_\_

Total ..... \$ 0.00 Copy here  - 0.00

14. **Your current monthly income.** Subtract the total in line 13 from line 12.

\$ 19,547.72

Debtor 1 **Nimeshkum S. Patel & Shital M. Patel**  
First Name Middle Name Last NameDocument Page 58 of 78  
Case number (if known) 24-11166**15. Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here → ..... \$ 19,547.72

Multiply line 15a by 12 (the number of months in a year). **x 12**

15b. The result is your current monthly income for the year for this part of the form. ..... \$ 234,572.64

**16. Calculate the median family income that applies to you.** Follow these steps:

16a. Fill in the state in which you live. NJ

16b. Fill in the number of people in your household. 4

16c. Fill in the median family income for your state and size of household. ..... \$ 151,181.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

- 17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).
- 17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

18. Copy your total average monthly income from line 11. .... \$ 19,547.72

19. **Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. .... — \$ 0.00

19b. Subtract line 19a from line 18. .... \$ 19,547.72

**20. Calculate your current monthly income for the year.** Follow these steps:

20a. Copy line 19b. .... \$ 19,547.72

Multiply by 12 (the number of months in a year). **x 12**

20b. The result is your current monthly income for the year for this part of the form. .... \$ 234,572.64

20c. Copy the median family income for your state and size of household from line 16c. .... \$ 151,181.00

**21. How do the lines compare?**

- ☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- ☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X** /s/ Nimeshkum S. Patel

Signature of Debtor 1

**X** /s/ Shital M. Patel

Signature of Debtor 2

Date 03/04/2024

MM / DD / YYYY

Date 03/04/2024

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

**Fill in this information to identify your case:**

Debtor 1 Nimeshkum S. Patel  
First Name Middle Name Last Name

Debtor 2 Shital M. Patel  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of New Jersey

Case number 24-11166  
(If known)

☐ Check if this is an amended filing

## Official Form 122C-2

### Chapter 13 Calculation of Your Disposable Income

4/22

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

**5. The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

**National Standards** You must use the IRS National Standards to answer the questions in lines 6-7.

**6. Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,993.00

**7. Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

**People who are under 65 years of age**7a. Out-of-pocket health care allowance per person \$ 79.007b. Number of people who are under 65 x 4

7c. Subtotal. Multiply line 7a by line 7b.

\$ 316.00Copy line  
7c here → \$ 316.00**People who are 65 years of age or older**7d. Out-of-pocket health care allowance per person \$ 154.007e. Number of people who are 65 or older x 0

7f. Subtotal. Multiply line 7d by line 7e.

\$ 0.00Copy line  
7f here → + \$ 0.007g. **Total.** Add lines 7c and 7f. ....\$ 316.00Copy total  
here → .....7g. \$ 316.00**Local Standards**

You must use the IRS Local Standards to answer the questions in lines 8-15.

**Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:**■ **Housing and utilities – Insurance and operating expenses**■ **Housing and utilities – Mortgage or rent expenses****To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.**8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 902.009. **Housing and utilities – Mortgage or rent expenses:**9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 3,137.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

**Name of the creditor****Average monthly payment**y of Housing and Urban Development \$ 0.00Woori America Bank \$ 4,858.77Additional expenses + \$ 4,131.389b. Total average monthly payment ..... \$ 8,990.15Copy line  
9b here → — \$ 8,990.15Repeat this amount  
on line 33a.

## 9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than \$0, enter \$0.\$ 0.00Copy 9c here → \$ 0.0010. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ 0.00

Explain why:

**11. Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☐ 1. Go to line 12.
- ☒ 2 or more. Go to line 12.

**12. Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ 758.00

**13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1** Describe Vehicle 1: 2018 Mercedes Benz

13a. Ownership or leasing costs using IRS Local Standard 13a. \$ 629.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
<u>Mercedes-Benz Financial Services</u>	<u>\$ 674.00</u>
	<u>+ \$ 0.00</u>
Total average monthly payment	<u>\$ 674.00</u>
	Copy here → <u>— \$ 674.00</u> Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. ....

\$ 0.00 Copy net Vehicle 1 expense here → \$ 0.00

**Vehicle 2** Describe Vehicle 2: 2021 BMW X5

13d. Ownership or leasing costs using IRS Local Standard..... \$ 629.00

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
<u>Ally Financial</u>	<u>\$ 885.00</u>
	<u>+ \$ 0.00</u>
Total average monthly payment	<u>\$ 885.00</u>
	Copy here → <u>— \$ 885.00</u> Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this number is less than \$0, enter \$0. ....

\$ 0.00 Copy net Vehicle 2 expense here → \$ 0.00

**14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ 0.00

**15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ 0.00

First Name Middle Name Last Name

**Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$ 0.00  
Do not include real estate, sales, or use taxes.
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$ 0.00  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. \$ 1,243.33  
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$ 0.00  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
20. **Education:** The total monthly amount that you pay for education that is either required:  
☐ as a condition for your job, or \$ 0.00  
☐ for your physically or mentally challenged dependent child if no public education is available for similar services.
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$ 0.00  
Do not include payments for any elementary or secondary school education.
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$ 0.00  
Payments for health insurance or health savings accounts should be listed only in line 25.
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ 0.00  
Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.
24. **Add all of the expenses allowed under the IRS expense allowances.** \$5,212.33  
Add lines 6 through 23.

**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance \$ 0.00Disability insurance \$ 0.00Health savings account + \$ 0.00Total \$ 0.00Copy total here → \$ 0.00

Do you actually spend this total amount?

☐ No. How much do you actually spend? \$ \_\_\_\_\_☒ Yes

26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$ 0.00
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ 0.00  
By law, the court must keep the nature of these expenses confidential.

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs. \$0.00

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. \$0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. \$0.00

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)3 and (4). + 0.00

Do not include any amount more than 15% of your gross monthly income.

32. **Add all of the additional expense deductions.**

Add lines 25 through 31. \$0.00

#### Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

#### Average monthly payment

##### Mortgages on your home

33a. Copy line 9b here..... ➔ \$ 8,990.15

##### Loans on your first two vehicles

33b. Copy line 13b here. .... ➔ \$ 674.00

33c. Copy line 13e here. .... ➔ \$ 885.00

33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

Harley Davidson Davison FXSB Breakout

☒ No \$ 324.00  
☐ Yes

Harley Davidson Davison Nightster Special

☒ No \$ 350.00  
☐ Yes

Ray Catena Motor Car Co Benz LIGHT GLS450W4

☒ No + \$ 1,010.23  
☐ Yes

33e. Total average monthly payment. Add lines 33a through 33d. .... \$ 12,233.38

Copy total here ➔

\$ 12,233.38



**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**☐ No. Go to line 35.☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
Secretary of Housing &	1 Saw Mill Drive	\$ 102,726.7	÷ 60 = \$ 1,712.11
Ally Financial	2021 BMW X5	\$ 0.00	÷ 60 = \$ 0.00
See cont. sheet	See cont. sheet	\$ 25,935.58	÷ 60 = + \$ 432.26
		Total	\$ 2,144.37
			Copy total here ➡ \$ 2,144.37

**35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.**☐ No. Go to line 36.☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. .... \$ 73,136.65 ÷ 60 \$ 1,218.9

**36. Projected monthly Chapter 13 plan payment**

\$ 0.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

x 8.9%

Average monthly administrative expense

\$ 0.00

Copy total here →

\$ 0.00

**37. Add all of the deductions for debt payment. Add lines 33e through 36.**

\$ 15,596.70

**Total Deductions from Income****38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances..... \$ 5,212.33

Copy line 32, All of the additional expense deductions..... \$ 0.00

Copy line 37, All of the deductions for debt payment..... + \$ 15,596.70

Total deductions

\$ 20,809.03

Copy total here →

\$ 20,809.03

**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**39. **Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.** ..... \$ 19,547.740. **Fill in any reasonably necessary income you receive for support for dependent children.**

The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.

\$ 0.0041. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).\$ 0.0042. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here ..... ➔ \$ 20,809.0343. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances

Amount of expense

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ + \$ \_\_\_\_\_

Total

\$ 0.00

Copy here



+

\$ 0.0044. **Total adjustments.** Add lines 40 through 43. .... ➔ \$ 20,809.03 Copy total here ➔ - \$ 20,809.0345. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39.\$ -1,261.31**Part 3: Change in Income or Expenses**46. **Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2				<input type="checkbox"/> Decrease	\$ _____

Debtor 1

Nimeshkum S. Patel &amp; Shital M. Patel

Case number (if known) 24-11166

First Name

Middle Name

Last Name

**Part 4:****Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

**X** /s/ Nimeshkum S. Patel

Signature of Debtor 1

Date 03/04/2024  
MM / DD / YYYY**X** /s/ Shital M. Patel

Signature of Debtor 2

Date 03/04/2024  
MM / DD / YYYY

Affirm Inc  
633 Folsom St Fl 7  
San Francisco, CA 94107

Collection Bureau Of America, N.A.  
25954 Eden Landing Rd  
Hayward, CA 94545

Alliance One Receivables Managment, Inc.  
3043 Wallon Road  
Suite 201  
Plymouth Meeting, PA 19462

Credit Control, LLC  
POBox 31179  
Tampa, FL 33631

Ally Financial  
P. O Box 380902  
Minneapolis, MN 55438

Discover Bank  
Po Box 15316  
Wilmington, DE 19850

Archer & Greiner, P.C.  
1211 Avenue of the Americas  
Suite 2750  
New York, NY 10036

Edison Metuchen Orthopedic Group, PA  
10 Parsonage Road  
Suite 500  
Edison, NJ 08837

Archer & Greiner, P.C.  
21 Main Street  
Suite 353  
Hackensack, NJ 07601

Financial Recoveries  
PO Box 1388  
Mount Laurel, NJ 08054

ARM Solutions, Inc.  
P.O. Box 2929  
Camarillo, CA 93011

Financial Services, Inc.  
Pob 3415  
Portland, OR 97208

Brunswick Urgent Care, PA  
3185 State Route 27  
Franklin Park, NJ 08823

Gigna Patel  
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Towaco, NJ 07082

Cap One, N.A.  
11013 W Broad St  
Glen Allen, VA 23060

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Chicago, IL 60673

Celentano, Stadtmauer & Walentowicz, LLP  
1035 Route 46 East  
Suite 208  
Clifton, NJ 07015

Hackensack Meridiam Health  
343 Thornall Street  
Edison, NJ 08817

Chase, N.A.  
PO Box 15548  
Wilmington, DE 19886

Hackensack Meridiam Health  
PO Box 95000-7705  
Philadelphia, PA 19195

CM Ventures Holdings LLC  
630 First Avenue  
29H  
New York, NY 10016

Harley Davidson  
4150 Technology Way  
Carson City, NV 89706

Harley Davidson  
4150 Technology Wy  
Carson City, NV 89706

I.C. System, Inc  
Po Box 64378  
Saint Paul, MN 55164

Mercedes-Benz Financial Services  
Po Box 685  
Westlake, TX 76262

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101

Midland Credit Managment  
320 E Big Beaver Road  
Suite 300  
Troy, MI 48083

Jersey Central Power & Light  
300 Madison Avenue  
Morristown, NJ 07960

Midland Mortgage  
Pob 26648  
Oklahoma City, OK 73126

JP Morgan Chase  
201 N Walnut St  
Wilmington, DE 19801

National Convenience Distributors  
21 banfi Plaza  
Farmingdale, NY 11735

JP Morgan Chase  
301 N Walnut St, Floor 09  
Wilmington, DE 19801

Npatel Cigar & Tobacco LLC  
50 Hulmeville Avenue  
Langhorne, PA 19047

Kamal Patel  
8 Jona Road  
Somerset, NJ 08873

NYS Dept. Taxation & Finance  
Bankruptcy/Special Procedures Section  
P.O. Box 5300  
Albany, NY 12205

Kunal Patel  
3036 Magdalene Drive  
Chalfont, PA 18914

PA Department of Revenue  
Po Box 280403  
Harrisburg, PA 17128

Laboratory Corporation of America  
P.O Box 2240  
Burlington, NC 27216

Parin Shah  
83 Ellmyer Road  
Edison, NJ 08820

Linebarger Goggan Blair & Sampson, LLP  
61 Broadway  
Suite 2600  
New York, NY 1006

Premium Beverages Distributors, LLC  
24 Hulmeville Avenue  
Unit C  
Pennndel, PA 19047

M. Farrukh Nizan, MD, LLC.  
98 James Street  
Suite 301  
Edison, NJ 08820

Professional Account Managment, LLC.  
P.O Box 1153  
Milwaukee, WI 53201

MEGHA  
1136 Cedar Avenue  
Croydon, PA 19021

Radius Global Solutions, LLC.  
7831 Glenroy Road  
Sulte 250-A  
Minneapolis, MN 55439

Mercedes Benz Financial  
Po Box 685  
Westlake, TX 76262

Rajandra Patel  
Fitzgerald Place  
Old Bridge, NJ 08857

Ray Catena Motor Car Corporation  
910 Route 1 North  
Edison, NJ 08817

Woori America Bank  
U.S. Small Business Administration  
330 Fifth Avenue, 3rd Floor  
New York, NY 10001

Receivable Collection  
170 Jericho Tpke  
Floral Park, NY 11001

Receivable Collection Services, LLC.  
170 Jericho Turnpike  
Suite 204  
Floral Park, NY 11001

Resnick Distributors  
25 Van Dyka Avenue  
New Brunswick, NJ 08901

RobertWood Johnson University Hospital New Br  
P.O. Box 64437  
Saint Paul, MN 55164

Saint Clare's Hospital  
66 Ford Road  
Suite 201  
Denville, NJ 07834

Secretary of Housing and Urban Development  
451 Seventh Street  
Washington, DC 20410

Srinivas Devarkonda  
301 Willow Way  
Chester Springs, PA 19425

State of New Jersey, Division of Taxation  
Compliance and Enforcement - Bankruptcy  
3 John Fitch Way, 5th Floor, Po box 245  
Trenton, NJ 08695

TAJ Distributions  
651 Winks Lane  
Bensalem, PA 19020

TD Bank, N.A.  
Po Box 1448  
Greenville, SC 29602

The Home Depot  
Po Box 9714  
Gray, TN 37615

United States Bankruptcy Court  
District of New Jersey

In re: Nimeshkum S. Patel & Shital M. Patel

Case No. 24-11166

Debtor(s)

Chapter 13

**Verification of Creditor Matrix**

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 03/04/2024

/s/ Nimeshkum S. Patel

Signature of Debtor

/s/ Shital M. Patel

Signature of Joint Debtor

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as “incurred by an individual  
primarily for a personal, family, or  
household purpose.”

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file  
under one of four different chapters of the  
Bankruptcy Code:

- Chapter 7 — Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan  
for family farmers or  
fishermen
- Chapter 13— Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

### Chapter 7: Liquidation

	\$245	filing fee
	\$78	administrative fee
+	\$15	trustee surcharge
	\$338	total fee

Chapter 7 is for individuals who have financial  
difficulty preventing them from paying their  
debts and who are willing to allow their non-  
exempt property to be used to pay their  
creditors. The primary purpose of filing under  
chapter 7 is to have your debts discharged. The  
bankruptcy discharge relieves you after  
bankruptcy from having to pay many of your  
pre-bankruptcy debts. Exceptions exist for  
particular debts, and liens on property may still  
be enforced after discharge. For example, a  
creditor may have the right to foreclose a home  
mortgage or repossess an automobile.

However, if the court finds that you have  
committed certain kinds of improper conduct  
described in the Bankruptcy Code, the court  
may deny your discharge.

You should know that even if you file  
chapter 7 and you receive a discharge, some  
debts are not discharged under the law.  
Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement  
obligations;



- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$571	administrative fee
	\$1,738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

<http://www.uscourts.gov/forms/bankruptcy-forms>

### **Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### **Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### **Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

Scura Wigfield, Heyer, Stevens & Cammarota LLP  
1599 Hamburg Turnpike  
Wayne, NJ 07470  
973-696-8391  
pevangelista@scura.com

In Re:

Nimeshkum S. Patel & Shital M. Patel

Case No.: 24-11166

Chapter: 13

Judge:

**DISCLOSURE OF CHAPTER 13 DEBTOR'S ATTORNEY COMPENSATION**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the debtor(s) and that compensation was paid to me within one year before the filed date of the petition, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection with this bankruptcy case is as follows:

☐ Under D.N.J. LBR 2016-5(b), I have agreed to accept for all legal services required to confirm a plan, subject to the exclusions listed below, including administrative services that may occur postconfirmation, a flat fee in the amount of \$ \_\_\_\_\_. I understand that I must demonstrate that additional services were unforeseeable at the time of the filing of this disclosure if I seek additional compensation and reimbursement of necessary expenses.

Legal services on behalf of the debtor in connection with the following are not included in the flat fee:

Representation of the debtor in:

- adversary proceedings,
- loss mitigation/loan modification efforts,
- post-confirmation filings and matters brought before the Court.

I have received: \$ \_\_\_\_\_

The balance due is: \$ \_\_\_\_\_

The balance ☐ will ☐ will not be paid through the plan.

☒ Under D.N.J. LBR 2016-5(c), I have agreed to accept for legal services provided on behalf of the debtor in this case, an hourly fee of \$ 425.00. The hourly fee charged by other members of my firm that may provide services to this client range from \$ 195.00 to \$ 525.00. I understand that I must receive the Court's approval of any fees or expenses to be paid to me in this case post petition pursuant to D.N.J. LBR 2016-1.

I have received: \$ 3,500.00

2. The source of the funds paid to me was:

☒ Debtor(s) ☐ Other (specify below)

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3. If a balance is due, the source of future compensation to be paid to me is:

☒ Debtor(s) ☐ Other (specify below)

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4. I ☐ have or ☒ have not agreed to share compensation with another person(s) unless they are members of my law firm. If I have agreed to share compensation with a person(s) who is not a member of my law firm, a copy of that agreement and a list of the people sharing in the compensation is attached.

5. (a) The Debtor(s) agree that coverage counsel may appear at hearings on their behalf in lieu of counsel retained by Debtor(s) as needed. If possible, Debtor's counsel will advise Debtor(s) of the use of coverage counsel for any hearings prior to that hearing. Debtor(s) acknowledge that coverage counsel may not be a member of my firm and may or may not be compensated for their appearance.

/s/ NP  
Debtor(s) Initials

/s/ SP  
Debtor(s) Initials

(b) The Debtor(s) DO NOT agree that coverage counsel may appear at hearings on their behalf in lieu of counsel retained by Debtor(s) as needed. All appearances related to the Debtor(s) matter will be made by me, the undersigned attorney, or members of my law firm.

                      
Debtor(s) Initials

                      
Debtor(s) Initials

6. The Debtor(s) have reviewed this Disclosure and it is consistent with the terms of the Retainer Agreement.

Date: 03/04/2024 /s/ Nimeshkum S. Patel  
Debtor

Date: 03/04/2024 /s/ Shital M. Patel  
Joint Debtor

Date: 03/04/2024 /s/ Paul Evangelista, NJ000772000  
Debtor's attorney